



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
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FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO
ATTENTION OF

MCHO-CL-C (40)

JAN 02 2001

MEMORANDUM FOR COMMANDERS, MEDCOM RMCs/MEDCENs/MEDDACs

SUBJECT: Tetanus Toxoid

1. Attached is an Information Paper with guidance to Army Medical Treatment Facilities on the current national shortage of Tetanus Toxoid. The Information Paper has been coordinated with appropriate clinicians, logisticians, and pharmacy personnel.
2. Direct questions regarding this issue to COL Glenn W. Mitchell, Chief, Clinical Services Division, Office of the Assistant Chief of Staff for Health Policy and Services, DSN 471-6616 or Commercial (210) 221-6616.

FOR THE COMMANDER

A handwritten signature in black ink, appearing to read "William T. Bester", is written over a horizontal line.

1 Encl
AS

WILLIAM T. BESTER
Brigadier General, AN
Deputy Chief of Staff for Operations,
Health Policy and Services

3 November 2000

Information Paper

SUBJECT: Tetanus Toxoid

1. PURPOSE. To provide facts and recommendations relating to the Tetanus Toxoid shortage.

2. FACTS.

a. There is currently a national shortage of Tetanus Toxoid, which extends into the Tetanus & Diphtheria Toxoid product lines as well (Tetanus & Diphtheria Toxoids, Adult (Td) and Diphtheria & Tetanus Toxoids, Pediatric (DT)). The USAMMA Pharmacy Consultant projects backlogs of orders may last into next Spring.

b. There is only one active producer (Aventis) of Tetanus Toxoid products in the U.S. at this time. They are limiting shipments to five (5) vials per week per customer for Td to ensure no single client drains the supply. Aventis has sufficient Tetanus Toxoid products to handle reduced volume shipments. Wyeth, the only other U.S. manufacturer, has not been able to make shipments due to FDA concerns and is not expected to have the product available until at least January and possibly up to a year.

c. Aventis has increased production and is starting to get ahead of the rate of backorders. Aventis is committed to ensuring all DoD customers are supported. They have assured the Defense Supply Center Philadelphia (DSCP) that no customer who needs this product will go without. Contact MAJ Armand Martin, USAF, Director, ESOC/DSCP at (215) 737-8704 or DSN 444-8704 if assistance is needed in expediting an order.

d. Beginning immediately, the following guidance is provided to all Army Medical Treatment Facilities:

(1) Give tetanus prophylaxis updates to deploying soldiers only if over 10 years since last shot or if within 3 months of the 10th year by date.

(2) Ensure Emergency Departments and Acute Care Clinics follow the published guidelines for wound treatment and prophylaxis with tetanus toxoid updates only as required (>5

years for at risk wounds, >10 years for clean wounds). Do not over treat clean wounds. Document ALL immunizations carefully in the soldier/patient shot record (and outpatient record whenever possible, to include Emergency Department visit records).

(3) Continue giving childhood primary immunization doses on schedule.

(4) Prioritize administration of tetanus toxoid in the following order:

(a) *Emergency prophylactic treatment for those with at risk wounds:* Deployed military personnel (especially those deployed to warm, tropical areas); immunodeficient high risk patients (i.e. HIV, chronically ill elderly); and, all others in our emergency/acute care clinics more than 5 years out from last shot (TIG is not a good substitute unless indicated or if no other treatment course is available).

(b) *Routine prophylaxis:* Deploying military personnel with documented 9.75 years or more since last update; immune deficient, chronically ill, HIV patients with documented 10 years since last dose; Well Baby Clinics up to the 4th dose @ 18 months; as an option, delay the 12 year old late childhood booster until 10 years out (14-16 year old); and, only if supplies are assured, all others more than 10 years out.